

Envoy Medical Systems, LP
4500 Cumbria Lane
Austin, TX 78727

PH: (512) 836-9040
FAX: (512) 491-5145

Notice of Independent Review Decision

DATE OF REVIEW: 8/08/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening Program (WHP) x 80 hrs/units; CPT: 97545, 97546

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER
HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Physician Board Certified in Physical Medicine & Rehabilitation

***DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL
NECESSITY EXISTS FOR EACH OF THE HEALTH CARE SERVICES IN DISPUTE.***

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld X	(Agree)
Overtaken	(Disagree)
Partially Overtaken	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 7/17/12, 7/06/12
Work Hardening Program Pre-Authorization Request, 7/02/12
Request for Reconsideration/Appeal, 7/13/12
History & Physical WHP, 6/28/12
Initial Behavioral Medicine Consultation
WHP Plan & Goals of Treatment, 6/28/12
Reevaluation, 6/08/12
Functional Capacity Evaluation, 6/04/12
Evaluation/Treatment, 6/19/12
ODG

PATIENT CLINICAL HISTORY SUMMARY

This patient reported an injury in xx/xxxx, while working where she had worked for several years. She stated a 25 pound box had fallen on her left forearm and wrist. She later had x-rays, was prescribed multiple medications, and used a wrist brace. She also had numerous physical therapy treatments, MRI, CT, EMG/NCV studies, and orthopedic evaluation. Her job was later terminated. She is currently being treated at and a work hardening program was requested.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND
CONCLUSIONS USED TO SUPPORT THE DECISION**

I agree with the benefit company's decision to deny the requested services. Rationale for opinion: I agree with the reasoning stated by the reviewer who gave non approval. There is specific reference to the nearly full page denial explanation/rationale on the Hartford response document of 7/17/12. The physiology of the very local left wrist soft tissue injury with diagnosis of sprain/"tenosynovitis" with no fracture does not justify an 80 hour work hardening program..

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE
PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)